

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Pohai Nani Good Samaritan	CHAPTER 90
Address: 45-090 Namoku Street, Kaneohe, Hawaii 96744	Inspection Date: February 2, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RECEIVED

MAR 05 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(3) Service plan.</p> <p>The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed;</p> <p><u>FINDINGS</u> Resident #3 – Initial service plan unavailable for review.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p><i>Saeed H. Al</i></p>	<p>2-8-2021</p>

PART 1:

11-90-8 Range of Services (a) (3)

The deficiency has been corrected: Initial admission service plan was misfiled and and filed as required.

Completed 2-8-2021

PART 2:

To prevent this from reoccurring RN assigned the admission will ensure that service plan is initiated and reviewed with resident. Within 24 hours next RN will confirm completion of service plan. A schedule has been created that will identify service plans due every 6 months according to GSS policy. RNs are assigned a caseload that they require completing service plans every 6 months. The assigned service plans will also include a chart audit annually to ensure documentation, service plans and annual physical exams are completed and filed correctly.

Completed 2-8-2021

Licensee 

Judith E Matthews BSN RN

2-26-2021

RECEIVED

MAR 05 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (a)(3) Service plan.</p> <p>The initial service plan shall be developed prior to the time the resident moves into the facility and shall be revised if needed within 30 days. The service plan shall be reviewed and updated by the facility, the resident, and others as designated by the resident at least annually or more often as needed;</p> <p><u>FINDINGS</u> Resident #3 – Initial service plan unavailable for review.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>See attached</i></p>	<p>2-8-2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #1 – After visit note dated 7/23/20 from physician states, “return in about 3 months”; however, documentation of a follow-up appointment was not available for review.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p><i>See attached 2.8.2021</i></p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-8 <u>Range of services.</u> (b)(1)(F) Services.</p> <p>The assisted living facility shall provide the following:</p> <p>Nursing assessment, health monitoring, and routine nursing tasks, including those which may be delegated to unlicensed assistive personnel by a currently licensed registered nurse under the provisions of the state Board of Nursing;</p> <p><u>FINDINGS</u> Resident #1 – After visit note dated 7/23/20 from physician states, “return in about 3 months”; however, documentation of a follow-up appointment was not available for review.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>See attached</i></p>	<p>2-8-2021</p>

PART 1:

11-90-8 Range of Services (b) (1)(F)

Deficiency correction not required

Completed 2-8-2021

PART 2:

To prevent this deficiency from reoccurring when resident returns from appt with progress notes that indicate next appt date, the information is passed to Ward Clerk. In the event there is not a date set for f/u then the Ward Clerk will call MD office and schedule date/time as they will also schedule drivers if needed. Once appt made the Ward Clerk will make appointment packet and notify resident.

As in this citation resident had refused return to MD for follow-up; in this case RN or Ward Clerk will inform MD and RN will document in progress notes.

RN is responsible for charting the information regarding appts and that res returned from an appt with f/u instructions and new orders if applicable.

Complete 2-8-2021

Licensee

Judith E Matthews BSN RN

2-26-2021

RECEIVED

MAR 05 2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases;</p> <p><u>FINDINGS</u> Resident #3 – Current physical exam unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>See attached</i></p>	<p>2.26.2021</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-90-9 <u>Record and reports system.</u> (a)(1) The facility shall establish policies and procedures to maintain a system of records and reports which shall include the following:</p> <p>Copy of a current physician or primary care provider's report of resident's physical examination which includes tuberculosis clearance and verification that the resident is free from other infectious or contagious diseases;</p> <p><u>FINDINGS</u> Resident #3 – Current physical exam unavailable for review. Submit a copy with plan of correction.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>See attached</i></p>	<p>2.26.2021</p>

PART 1:

11-90-9 Record reports system (a) (1)

The deficiency has been corrected: Resident's physical exam obtained from MD files

Completed 2-8-2021

PART 2:

To prevent this deficiency from reoccurring RN assigned the admission will ensure that physical examination is on file with admission orders. During the admission process RN will confirm physical examination completed within 30days of admission date. The scheduled review and completion of service plans will also include a chart audit annually to ensure documentation; service plan, physical exam and statement verifying that res is free of communicable diseases annually are completed and filed correctly.

Completed 2-8-2021

Licensee

Judith E Matthews BSN RN

2-26-2021

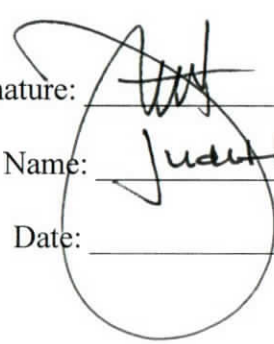
RECEIVED

MAR 05 2021

Licensee's/Administrator's Signature:

Print Name:

Date:


Judith E. Matthews BSN, RN

2-28-2021

RECEIVED

MAR 05 2021